

**ACCESS AGREEMENT FOR ORAL HISTORY MATERIALS**

For use of this form see AR 870-5; the proponent agency is U.S. Army Center of Military History

FROM	TO <i>(Include title of agency head)</i>
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1. I, \_\_\_\_\_ participated in an oral history conducted by

\_\_\_\_\_ of the

*(Name of interviewer)*

\_\_\_\_\_

*(Name of agency)*

on the following date(s) : \_\_\_\_\_

2. I understand that the tape(s) and the transcript resulting from this oral history will belong to the U.S. Government to be used in any manner deemed in the best interests of the U.S. Army, as determined by the Chief of Military History or his representative. I also understand that subject to security classification restrictions I will be given an opportunity to edit the resulting transcript in order to clarify and expand my original thoughts. The Army will provide me with a copy of the edited transcript for my own use subject to classification restrictions.

3. I hereby expressly and voluntarily relinquish all rights and interests in the tape (s) and transcript to the U.S. Army with only the following caveat: *(Please initial one)*

\_\_\_\_\_ NONE \_\_\_\_\_ OTHER

\_\_\_\_\_

\_\_\_\_\_

I understand that the tapes and transcripts resulting from this oral history may be subject to the Freedom of Information Act, and therefore, may be releasable to the public contrary to my wishes. I further understand that, within the limits of the law, the U.S. Army will attempt to honor the restrictions I have requested to be placed on these materials.

NAME OF INTERVIEWEE	DATE
ACCEPTED ON BEHALF OF THE U.S. ARMY BY	DATE